

RECEIVED
CENTRAL FAX CENTER

SEP 22 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:

Inventor(s) : Abbruscato, Charles R.
Filed : 11/17/2003
Serial No. : 10/714,373
Confirmation No. : 1846
Group Art Unit : 3762
Examiner : Bockelman, Mark
Docket Number : 5030-PAT-ABBRUSCATO
Title : Electronic Stethoscope System

Commissioner for Patents
P.O. Box. 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

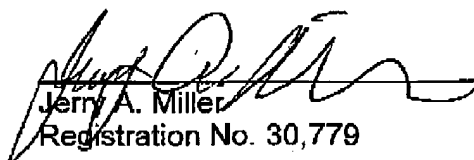
Sir:

Enclosed herewith please find the following items:

- Revocation of Power of Attorney and Change of Correspondence Address
- Certificate of facsimile

The Commissioner of Patents is hereby authorized to charge any additional fees or credit any overpayment of such fees to deposit account number 50-1267.

Respectfully submitted,


Jerry A. Miller
Registration No. 30,779

Dated: 9/22/2004

Please Send Correspondence to:
Miller Patent Services
2500 Dockery Lane
Raleigh, NC 27606
Phone: (919) 816-9981
Fax: (919) 816-9982
email: miller@patent-inventions.com
Customer Number 24337

CERTIFICATE OF MAILING / FAX TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

- ☐ deposited with the U.S. Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313.
- ☒ transmitted by facsimile to the U.S. Patent and Trademark Office.

JERRY A. MILLER Reg. No. 30,779
(Applicant, Assignee or Reg. Representative)

 9/22/04
Signature Date

PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/714,373
	Filing Date	11/17/2003
	First Named Inventor	Abbruscato, Charles R.
	Art Unit	3762
	Examiner Name	Bockelman, Mark
	Attorney Docket Number	5030-PAT-ABBRUSCATO

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

OR


<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Charles R. Abbruscato		
Signature			
Date	<i>X Sept. 11, 2004</i>	Telephone	952-894-2623

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.